



ANNUAL STATEMENT

For the Year Ended December 31, 2013
of the Condition and Affairs of the

COMPUTER INSURANCE COMPANY

NAIC Group Code..... ,
(Current Period) (Prior Period)

NAIC Company Code..... 34711

Employer's ID Number..... 05-0443418

Organized under the Laws of Rhode Island

State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Incorporated/Organized..... January 1, 1989

Commenced Business..... July 1, 1989

Statutory Home Office

100 Westminster Street, 10th Floor..... Providence RI 02903
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

76 St. Paul Street, Ste 500..... Burlington VT
(Street and Number) (City or Town, State, Country and Zip Code)

802-264-4718
(Area Code) (Telephone Number)

Mail Address

76 St. Paul Street, Ste 500..... Burlington VT
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

76 St. Paul Street, Ste 500..... Burlington VT
(Street and Number) (City or Town, State, Country and Zip Code)

802-264-4718
(Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact

James E Salter
(Name)
james.salter@aon.com
(E-Mail Address)

802-264-4718
(Area Code) (Telephone Number) (Extension)
802-860-0440
(Fax Number)

OFFICERS

| Name | Title | Name | Title |
|----------------------|-----------|----------------|----------------|
| 1. Margaret E. Scott | President | 2. Peter A Joy | Secretary |
| 3. Nancy L Gray | Treasurer | 4. Roy Bishop | Vice President |

OTHER

DIRECTORS OR TRUSTEES

| | | | |
|-------------------|--------------|---------------|------------|
| Margaret E. Scott | Peter A. Joy | Nancy L. Gray | Wei J. Ren |
| Roy Bishop | | | |

State of.....
County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Margaret E. Scott

1. (Printed Name)
President

(Title)

(Signature)
Peter A Joy

2. (Printed Name)
Secretary

(Title)

(Signature)
Nancy L Gray

3. (Printed Name)
Treasurer

(Title)

Subscribed and sworn to before me

This _____ day of _____ 2014

a. Is this an original filing?

Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

COMPUTER INSURANCE COMPANY
ASSETS

| | Current Year | | | Prior Year |
|---|--------------|--------------------|--------------------------------------|---------------------|
| | 1 | 2 | 3 | 4 |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1. Bonds (Schedule D)..... | | | 0 | |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks..... | | | 0 | |
| 2.2 Common stocks..... | | | 0 | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens..... | | | 0 | |
| 3.2 Other than first liens..... | | | 0 | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | | | 0 | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | | | 0 | |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | | | 0 | |
| 5. Cash (\$.....0, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....24,202,552, Schedule DA)..... | 24,202,552 | | 24,202,552 | 24,501,322 |
| 6. Contract loans (including \$.....0 premium notes)..... | | | 0 | |
| 7. Derivatives (Schedule DB)..... | | | 0 | |
| 8. Other invested assets (Schedule BA)..... | | | 0 | |
| 9. Receivables for securities..... | | | 0 | |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 | |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 24,202,552 | 0 | 24,202,552 | 24,501,322 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 2 | | 2 | 181 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | | | 0 | |
| 15.3 Accrued retrospective premiums..... | | | 0 | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 | |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 | |
| 18.2 Net deferred tax asset..... | | | 0 | |
| 19. Guaranty funds receivable or on deposit..... | | | 0 | |
| 20. Electronic data processing equipment and software..... | | | 0 | |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 | |
| 24. Health care (\$.....0) and other amounts receivable..... | | | 0 | |
| 25. Aggregate write-ins for other than invested assets..... | 3,261 | 0 | 3,261 | 18,372 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 24,205,815 | 0 | 24,205,815 | 24,519,875 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. TOTALS (Lines 26 and 27)..... | 24,205,815 | 0 | 24,205,815 | 24,519,875 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | |
| 1102. | | | 0 | |
| 1103. | | | 0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 | 0 |
| 2501. Miscellaneous Receivables..... | 3,261 | | 3,261 | 18,372 |
| 2502. | | | 0 | |
| 2503. | | | 0 | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 3,261 | 0 | 3,261 | 18,372 |

COMPUTER INSURANCE COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Losses (Part 2A, Line 35, Column 8)..... | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)..... | | |
| 3. Loss adjustment expenses (Part 2A, Line 35, Column 9)..... | | |
| 4. Commissions payable, contingent commissions and other similar charges..... | | |
| 5. Other expenses (excluding taxes, licenses and fees)..... | 3,908 | 62,000 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes)..... | | |
| 7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))..... | (241,353) | (151,764) |
| 7.2 Net deferred tax liability..... | | |
| 8. Borrowed money \$.....0 and interest thereon \$.....0..... | | |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)..... | | |
| 10. Advance premium..... | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders..... | | |
| 11.2 Policyholders..... | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions)..... | | |
| 13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)..... | | |
| 14. Amounts withheld or retained by company for account of others..... | | |
| 15. Remittances and items not allocated..... | | |
| 16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8)..... | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates..... | | |
| 18. Drafts outstanding..... | | |
| 19. Payable to parent, subsidiaries and affiliates..... | | |
| 20. Derivatives..... | | |
| 21. Payable for securities..... | | |
| 22. Payable for securities lending..... | | |
| 23. Liability for amounts held under uninsured plans..... | | |
| 24. Capital notes \$.....0 and interest thereon \$.....0..... | | |
| 25. Aggregate write-ins for liabilities..... | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)..... | (237,445) | (89,764) |
| 27. Protected cell liabilities..... | | |
| 28. Total liabilities (Lines 26 and 27)..... | (237,445) | (89,764) |
| 29. Aggregate write-ins for special surplus funds..... | 0 | 0 |
| 30. Common capital stock..... | 2,500,000 | 2,500,000 |
| 31. Preferred capital stock..... | | |
| 32. Aggregate write-ins for other than special surplus funds..... | 0 | 0 |
| 33. Surplus notes..... | | |
| 34. Gross paid in and contributed surplus..... | 7,500,000 | 7,500,000 |
| 35. Unassigned funds (surplus)..... | 14,443,260 | 14,609,639 |
| 36. Less treasury stock, at cost: | | |
| 36.1 .....0.000 shares common (value included in Line 30 \$.....0)..... | | |
| 36.2 .....0.000 shares preferred (value included in Line 31 \$.....0)..... | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)..... | 24,443,260 | 24,609,639 |
| 38. TOTALS (Page 2, Line 28, Col. 3)..... | 24,205,815 | 24,519,875 |

| DETAILS OF WRITE-INS | | |
|--|---|---|
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 |
| 2901. | | |
| 2902. | | |
| 2903. | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0 | 0 |
| 2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)..... | 0 | 0 |
| 3201. | | |
| 3202. | | |
| 3203. | | |
| 3298. Summary of remaining write-ins for Line 32 from overflow page..... | 0 | 0 |
| 3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)..... | 0 | 0 |

COMPUTER INSURANCE COMPANY
STATEMENT OF INCOME

| UNDERWRITING INCOME | | 1 | 2 |
|-----------------------------|--|--------------|------------|
| | | Current Year | Prior Year |
| 1. | Premiums earned (Part 1, Line 35, Column 4)..... | | |
| DEDUCTIONS | | | |
| 2. | Losses incurred (Part 2, Line 35, Column 7)..... | | (27,700) |
| 3. | Loss adjustment expenses incurred (Part 3, Line 25, Column 1)..... | | (83,476) |
| 4. | Other underwriting expenses incurred (Part 3, Line 25, Column 2)..... | 256,922 | 805,864 |
| 5. | Aggregate write-ins for underwriting deductions..... | 0 | 0 |
| 6. | Total underwriting deductions (Lines 2 through 5)..... | 256,922 | 694,688 |
| 7. | Net income of protected cells..... | | |
| 8. | Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)..... | (256,922) | (694,688) |
| INVESTMENT INCOME | | | |
| 9. | Net investment income earned (Exhibit of Net Investment Income, Line 17)..... | 954 | 33,557 |
| 10. | Net realized capital gains (losses) less capital gains tax of \$.0 (Exhibit of Capital Gains (Losses))..... | | |
| 11. | Net investment gain (loss) (Lines 9 + 10)..... | 954 | 33,557 |
| OTHER INCOME | | | |
| 12. | Net gain (loss) from agents' or premium balances charged off (amount recovered \$.0 amount charged off \$.0)..... | 0 | |
| 13. | Finance and service charges not included in premiums..... | | |
| 14. | Aggregate write-ins for miscellaneous income..... | 0 | 0 |
| 15. | Total other income (Lines 12 through 14)..... | 0 | 0 |
| 16. | Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)..... | (255,968) | (661,131) |
| 17. | Dividends to policyholders..... | | |
| 18. | Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)..... | (255,968) | (661,131) |
| 19. | Federal and foreign income taxes incurred..... | (89,589) | (231,396) |
| 20. | Net income (Line 18 minus Line 19) (to Line 22)..... | (166,379) | (429,735) |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. | Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)..... | 24,609,639 | 25,040,637 |
| 22. | Net income (from Line 20)..... | (166,379) | (429,735) |
| 23. | Net transfers (to) from Protected Cell accounts..... | | |
| 24. | Change in net unrealized capital gains or (losses) less capital gains tax of \$.0..... | | |
| 25. | Change in net unrealized foreign exchange capital gain (loss)..... | | |
| 26. | Change in net deferred income tax..... | | (1,263) |
| 27. | Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3)..... | | |
| 28. | Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)..... | | |
| 29. | Change in surplus notes..... | | |
| 30. | Surplus (contributed to) withdrawn from protected cells..... | | |
| 31. | Cumulative effect of changes in accounting principles..... | | |
| 32. | Capital changes: | | |
| 32.1 | Paid in..... | | |
| 32.2 | Transferred from surplus (Stock Dividend)..... | | |
| 32.3 | Transferred to surplus..... | | |
| 33. | Surplus adjustments: | | |
| 33.1 | Paid in..... | | |
| 33.2 | Transferred to capital (Stock Dividend)..... | | |
| 33.3. | Transferred from capital..... | | |
| 34. | Net remittances from or (to) Home Office..... | | |
| 35. | Dividends to stockholders..... | | |
| 36. | Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)..... | | |
| 37. | Aggregate write-ins for gains and losses in surplus..... | 0 | 0 |
| 38. | Change in surplus as regards policyholders for the year (Lines 22 through 37)..... | (166,379) | (430,998) |
| 39. | Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)..... | 24,443,260 | 24,609,639 |
| DETAILS OF WRITE-INS | | | |
| 0501. | ..... |  |  |
| 0502. | ..... |  |  |
| 0503. | ..... |  |  |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page..... | 0 | 0 |
| 0599. | Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)..... | 0 | 0 |
| 1401. | ..... |  |  |
| 1402. | ..... |  |  |
| 1403. | ..... |  |  |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page..... | 0 | 0 |
| 1499. | Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)..... | 0 | 0 |
| 3701. | ..... |  |  |
| 3702. | ..... |  |  |
| 3703. | ..... |  |  |
| 3798. | Summary of remaining write-ins for Line 37 from overflow page..... | 0 | 0 |
| 3799. | Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)..... | 0 | 0 |

COMPUTER INSURANCE COMPANY
CASH FLOW

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CASH FROM OPERATIONS | | |
| 1. Premiums collected net of reinsurance..... | | 247,849 |
| 2. Net investment income..... | 1,134 | 62,356 |
| 3. Miscellaneous income..... | | |
| 4. Total (Lines 1 through 3)..... | 1,134 | 310,205 |
| 5. Benefit and loss related payments..... | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 315,671 | 746,876 |
| 8. Dividends paid to policyholders..... | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | 252,058 |
| 10. Total (Lines 5 through 9)..... | 315,671 | 998,934 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (314,537) | (688,729) |
| CASH FROM INVESTMENTS | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | | 1,500,000 |
| 12.2 Stocks..... | | |
| 12.3 Mortgage loans..... | | |
| 12.4 Real estate..... | | |
| 12.5 Other invested assets..... | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | | |
| 12.7 Miscellaneous proceeds..... | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 0 | 1,500,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds..... | | |
| 13.2 Stocks..... | | |
| 13.3 Mortgage loans..... | | |
| 13.4 Real estate..... | | |
| 13.5 Other invested assets..... | | |
| 13.6 Miscellaneous applications..... | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 0 | 0 |
| 14. Net increase (decrease) in contract loans and premium notes..... | | |
| 15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)..... | 0 | 1,500,000 |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | |
| 16.3 Borrowed funds..... | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | |
| 16.5 Dividends to stockholders..... | | |
| 16.6 Other cash provided (applied)..... | 15,111 | (43,799) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | 15,111 | (43,799) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | (299,426) | 767,472 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 24,501,322 | 23,733,850 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 24,201,896 | 24,501,322 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | |
|---------------|--|--|
| 20.0001 | | |
|---------------|--|--|

Pt. 1-Premiums Earned
NONE

Pt. 1A-Recapitulation of All Premiums
NONE

Pt. 1B-Premiums Written
NONE

Pt. 2-Losses Paid & Incurred
NONE

Pt. 2A-Unpaid Losses & LAE
NONE

COMPUTER INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

| | 1 | 2 | 3 | 4 |
|---|-----------------------------|-----------------------------------|------------------------|-----------------|
| | Loss Adjustment Expenses | Other Underwriting Expenses | Investment Expenses | Total |
| 1. Claim adjustment services: | | | | |
| 1.1 Direct..... | | | | .0 |
| 1.2 Reinsurance assumed..... | | | | .0 |
| 1.3 Reinsurance ceded..... | | | | .0 |
| 1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)..... | .0 | 0 | 0 | .0 |
| 2. Commission and brokerage: | | | | |
| 2.1 Direct, excluding contingent..... | | | | .0 |
| 2.2 Reinsurance assumed, excluding contingent..... | | | | .0 |
| 2.3 Reinsurance ceded, excluding contingent..... | | | | .0 |
| 2.4 Contingent - direct..... | | | | .0 |
| 2.5 Contingent - reinsurance assumed..... | | | | .0 |
| 2.6 Contingent - reinsurance ceded..... | | | | .0 |
| 2.7 Policy and membership fees..... | | | | .0 |
| 2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)..... | .0 | 0 | 0 | .0 |
| 3. Allowances to manager and agents..... | | | | .0 |
| 4. Advertising..... | | | | .0 |
| 5. Boards, bureaus and associations..... | | | | .0 |
| 6. Surveys and underwriting reports..... | | | | .0 |
| 7. Audit of assureds' records..... | | | | .0 |
| 8. Salary and related items: | | | | |
| 8.1 Salaries..... | | | | .0 |
| 8.2 Payroll taxes..... | | | | .0 |
| 9. Employee relations and welfare..... | | | | .0 |
| 10. Insurance..... | | | | .0 |
| 11. Directors' fees..... | | | | .0 |
| 12. Travel and travel items..... | | | | .0 |
| 13. Rent and rent items..... | | | | .0 |
| 14. Equipment..... | | | | .0 |
| 15. Cost or depreciation of EDP equipment and software..... | | 3,062 | | 3,062 |
| 16. Printing and stationery..... | | | | .0 |
| 17. Postage, telephone and telegraph, exchange and express..... | | 6,639 | | 6,639 |
| 18. Legal and auditing..... | | (39,875) | | (39,875) |
| 19. Totals (Lines 3 to 18)..... | .0 | (30,174) | 0 | (30,174) |
| 20. Taxes, licenses and fees: | | | | |
| 20.1 State and local insurance taxes deducting guaranty association credits of \$.....0..... | | | | .0 |
| 20.2 Insurance department licenses and fees..... | | 61,152 | | 61,152 |
| 20.3 Gross guaranty association assessments..... | | 852 | | 852 |
| 20.4 All other (excluding federal and foreign income and real estate)..... | | (6,467) | | (6,467) |
| 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)..... | .0 | 55,537 | 0 | 55,537 |
| 21. Real estate expenses..... | | | | .0 |
| 22. Real estate taxes..... | | | | .0 |
| 23. Reimbursements by uninsured plans..... | | | | .0 |
| 24. Aggregate write-ins for miscellaneous expenses..... | .0 | 231,559 | 0 | 231,559 |
| 25. Total expenses incurred..... | .0 | 256,922 | 0 | (a).....256,922 |
| 26. Less unpaid expenses - current year..... | | | | .0 |
| 27. Add unpaid expenses - prior year..... | | | | .0 |
| 28. Amounts receivable relating to uninsured plans, prior year..... | | | | .0 |
| 29. Amounts receivable relating to uninsured plans, current year..... | | | | .0 |
| 30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)..... | .0 | 256,922 | 0 | 256,922 |

| DETAILS OF WRITE-INS | | | | |
|--|----|---------|---|---------|
| 2401. Management Fees..... | | 225,000 | | 225,000 |
| 2402. Bankl Charges..... | | 6,559 | | 6,559 |
| 2403. | | | | .0 |
| 2498. Summary of remaining write-ins for Line 24 from overflow page..... | .0 | 0 | 0 | .0 |
| 2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above)..... | .0 | 231,559 | 0 | 231,559 |

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. government bonds..... | (a)..... | ..... |
| 1.1 Bonds exempt from U.S. tax..... | (a)..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | (a)..... | ..... |
| 1.3 Bonds of affiliates..... | (a)..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | (b)..... | ..... |
| 2.11 Preferred stocks of affiliates..... | (b)..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | ..... | ..... |
| 2.21 Common stocks of affiliates..... | ..... | ..... |
| 3. Mortgage loans..... | (c)..... | ..... |
| 4. Real estate..... | (d)..... | ..... |
| 5. Contract loans..... | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | (e).....954 |954 |
| 7. Derivative instruments..... | (f)..... | ..... |
| 8. Other invested assets..... | ..... | ..... |
| 9. Aggregate write-ins for investment income..... |0 |0 |
| 10. Total gross investment income..... |954 |954 |
| 11. Investment expenses..... | (g)..... | |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | (g)..... | |
| 13. Interest expense..... | (h)..... | |
| 14. Depreciation on real estate and other invested assets..... | (i).....0 | |
| 15. Aggregate write-ins for deductions from investment income..... |0 | |
| 16. Total deductions (Lines 11 through 15)..... |0 | |
| 17. Net investment income (Line 10 minus Line 16)..... |954 | |

| DETAILS OF WRITE-INS | | |
|---|--------|--------|
| 0901. .... | ..... | ..... |
| 0902. .... | ..... | ..... |
| 0903. .... | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... |0 |0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)..... |0 |0 |
| 1501. .... | ..... |  |
| 1502. .... | ..... |  |
| 1503. .... | ..... |  |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... |0 | |
| 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)..... |0 | |
| (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. | | |
| (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases. | | |
| (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. | | |
| (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances. | | |
| (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases. | | |
| (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium. | | |
| (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts. | | |
| (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes. | | |
| (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets. | | |

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) on Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|---|---|---------------------------------------|---|---|---|
| 1. U.S. government bonds..... | | |0 | ..... | ..... |
| 1.1 Bonds exempt from U.S. tax..... | | |0 | ..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | | |0 | ..... | ..... |
| 1.3 Bonds of affiliates..... | | |0 | ..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | | |0 | ..... | ..... |
| 2.11 Preferred stocks of affiliates..... | | |0 | ..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | | |0 | ..... | ..... |
| 2.21 Common stocks of affiliates..... | | |0 | ..... | ..... |
| 3. Mortgage loans..... | | |0 | ..... | ..... |
| 4. Real estate..... | | |0 | ..... | ..... |
| 5. Contract loans..... | | |0 | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | | |0 | ..... | ..... |
| 7. Derivative instruments..... | | |0 | ..... | ..... |
| 8. Other invested assets..... | | |0 | ..... | ..... |
| 9. Aggregate write-ins for capital gains (losses)..... |0 |0 |0 |0 |0 |
| 10. Total capital gains (losses)..... |0 |0 |0 |0 |0 |

| DETAILS OF WRITE-INS | | | | | |
|--|--------|--------|--------|--------|--------|
| 0901. .... | ..... | ..... | .....0 | ..... | ..... |
| 0902. .... | ..... | ..... | .....0 | ..... | ..... |
| 0903. .... | ..... | ..... | .....0 | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page.. |0 |0 |0 |0 |0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)..... |0 |0 |0 |0 |0 |

EXHIBIT OF NONADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|--|--|---|
| 1. Bonds (Schedule D)..... | | | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks..... | | | 0 |
| 2.2 Common stocks..... | | | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens..... | | | 0 |
| 3.2 Other than first liens..... | | | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company..... | | | 0 |
| 4.2 Properties held for the production of income..... | | | 0 |
| 4.3 Properties held for sale..... | | | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | | | 0 |
| 6. Contract loans..... | | | 0 |
| 7. Derivatives (Schedule DB)..... | | | 0 |
| 8. Other invested assets (Schedule BA)..... | | | 0 |
| 9. Receivables for securities..... | | | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only)..... | | | 0 |
| 14. Investment income due and accrued..... | | | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | | | 0 |
| 15.3 Accrued retrospective premiums..... | | | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | 0 |
| 16.2 Funds held by or deposited with reinsured companies..... | | | 0 |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | 0 |
| 17. Amounts receivable relating to uninsured plans..... | | | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | 0 |
| 18.2 Net deferred tax asset..... | | | 0 |
| 19. Guaranty funds receivable or on deposit..... | | | 0 |
| 20. Electronic data processing equipment and software..... | | | 0 |
| 21. Furniture and equipment, including health care delivery assets..... | | | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | 0 |
| 23. Receivables from parent, subsidiaries and affiliates..... | | | 0 |
| 24. Health care and other amounts receivable..... | | | 0 |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 0 | 0 | 0 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 |
| 28. TOTALS (Lines 26 and 27)..... | 0 | 0 | 0 |

DETAILS OF WRITE-INS

| | | | |
|--|---|---|---|
| 1101. | | | 0 |
| 1102. | | | 0 |
| 1103. | | | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 |
| 2501. Prepaid State Taxes..... | | | 0 |
| 2502. | | | 0 |
| 2503. | | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

Computer Insurance Company (the Company), domiciled in the State of Rhode Island, is a wholly owned subsidiary of Hewlett-Packard Company (the Parent) and is licensed in 24 states. The Company currently has no underwriting activity. Starting in 2012, management elected to suspend all underwriting activity while various options are explored to utilize the Company’s underwriting capacity to compliment the Parent’s global risk management and marketing goals and objectives. Underwriting activity in the more recent years (prior to 2012) was limited to inland marine business for the Parent’s customers. Prior to 2002, the Company was a wholly owned subsidiary of Compaq Financial Services, which was wholly owned by Compaq Computer Corporation (Compaq). On May 3, 2002, Compaq entered into a merger agreement with the Parent. As a result of the merger, Compaq Financial Services became known as Hewlett-Packard Financial Services, and a wholly owned subsidiary of the Parent, a California-based, Delaware Corporation.

A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the Department of Business Regulation, Insurance Division by the State of Rhode Island.

| | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--------------------------------|------------|---------------|
| | | | | | | State of Rhode Island Domicile | | |
| | | | | | | | | |
| | | | | | | | | |
| Net Income | | | | | | | 2013 | 2012 |
| 1) Company State of Domicile - RI | | | | | | \$ | (166,378) | \$ (429,735) |
| 2) State Prescribed Practices: NONE | | | | | | | - | - |
| 3) State Permitted Practices: NONE | | | | | | | - | - |
| 4) NAIC SAP | | | | | | \$ | (166,378) | \$ (429,735) |
| Surplus | | | | | | | | |
| 5) Company State of Domicile - RI | | | | | | \$ | 24,443,261 | \$ 24,609,639 |
| 6) State Prescribed Practices: NONE | | | | | | | - | - |
| 7) State Permitted Practices: NONE | | | | | | | - | - |
| 8) NAIC SAP | | | | | | \$ | 24,443,261 | \$ 24,609,639 |

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements of insurance companies requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein.

C. Accounting Policies

The Company is currently not writing or renewing any types of policies. It is however licensed to write primarily Inland Marine business in the 25 states in which it is licensed.

When the Company underwriting activity expenses incurred in connection with acquiring new insurance business, including acquisition costs such as premium taxes, would be charged to operations as incurred.

Net investment income earned consists primarily of interest less investment related expense. Interest is recognized on an accrual basis.

In addition, the Company uses the following accounting policies:

1. The Company holds no short-term investments.
2. The Company holds no long-term investments.
3. The Company holds no investments in common stocks.
4. The Company holds no investments in preferred stocks.
5. The Company holds no investments in mortgage loans.
6. The Company holds no investments in loan-backed securities.
7. The Company holds no investments in subsidiary and affiliated companies.
8. The Company holds no interests in joint ventures or partnerships.
9. The Company holds no investments in derivative instruments.
10. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

NOTES TO FINANCIAL STATEMENTS

11.

As mentioned in Note 1, there is currently no underwriting activity. Accordingly, and appropriately, the Company currently carries no reserves for unpaid losses and loss adjustment expenses.
12.

The Company has not modified its capitalization policy from the prior period.
13.

The Company does not engage in business that requires the estimation of pharmaceutical rebate receivables.
2.

Accounting Changes and Corrections of Errors

A.

There were no accounting changes in 2012 or 2013.

B.

Accounting Changes as a Result of Codification

Codification caused immaterial changes to the financial statements of the Company. There were no corrections of errors.
3.

A. Business Combinations and Goodwill

The Company did not enter into any business combinations during the year.
4.

Discontinued Operations

A.

The Company did not discontinue any of its operations during the year, however as previously mentioned in Note 1, starting in 2012, underwriting activity was and continues to be temporarily suspended.
5.

Investments

The company’s Investments were limited to Cash, Repurchase Agreements, and Money Market Accounts.

A.

Mortgage Loans

The Company holds no investments in mortgage loans.

B.

Debt Restructuring

The Company did not enter into any troubled debt restructuring arrangements for creditors during the year.

C.

Reverse Mortgages

The Company holds no investments in reverse mortgages.

D.

Loan-Backed Securities

The Company holds no investments in loan-backed securities.

E.

Repurchase Agreements

The Company holds no investments in repurchase agreements.

F.

Real Estate

The Company did not invest in real estate during the period.

G.

Low-income Housing Tax Credits

The Company did not participate in low-income housing tax credits during the period.

6.

Joint Ventures, Partnerships and Limited Liability Companies

A.

Detail for Those Greater than 10% of Admitted Assets

The Company holds no interest in joint ventures, partnerships or limited liability companies.

B.

Write-downs for Impairments

The Company has not written down any investment in a joint venture, partnership or limited liability company.

7.

Investment Income

A.

Accrued Investment Income

The Company non-admits investment income due and accrued, if amounts are over 90 days past due.
- 14.1

NOTES TO FINANCIAL STATEMENTS

B. Amounts Non-admitted

There were no amounts of non-admitted investment income as of December 31, 2013 and 2012.

8. Derivative Instruments

A. The Company does not invest in derivative instruments.

9. Income Taxes

A. Components of Net Deferred Tax Assets (“DTAs”)

The Company’s taxable income is included in the consolidated tax returns of the Parent, Hewlett-Packard Company.

The components of net deferred tax assets recognized in the Company’s December 31, 2013 and 2012 statutory statements of admitted assets, liabilities, and capital and surplus are as follows:

| Description | | December 31, 2013 | December 31, 2012 |
|-------------|--|----------------------|----------------------|
| 1 | Gross deferred tax assets | 0 | 0 |
| 2 | Gross deferred tax liabilities | | 0 |
| 3 | Net deferred tax asset | 0 | 0 |
| 4 | Nonadmitted deferred tax assets | 0 | 0 |
| 5 | Admitted deferred tax asset | 0 | 0 |
| 6 | Increase (decrease) in nonadmitted deferred tax assets | 0 | 0 |

The company did not elect to admit DTAs pursuant to SSAP No. 10R, Income Taxes-Revised.

B. Unrecognized Deferred Tax Liabilities (“DTLs”)

There were no unrecognized DTLs.

C. Current Tax and Change in Deferred Tax

The provisions for federal income taxes incurred on earnings for the years ended December 31, are:

| Description | 2013 | 2012 |
|--------------------------------------|----------|-----------|
| Current income tax expense (benefit) | (89,589) | (231,396) |

The changes in the main components of DTAs and DTLs for the year ended December 31 are as follows:

| DTAs | 2013 | 2012 | Change |
|-----------------------|------|------|--------|
| Unpaid losses and LAE | 0 | 0 | 0 |
| Unearned premiums | 0 | 0 | 0 |
| Gross DTAs | 0 | 0 | 0 |
| Non-admitted asset | 0 | 0 | 0 |
| Admitted DTAs | 0 | 0 | 0 |

The change in deferred income taxes reported in surplus before consideration of non-admitted assets is comprised of the following components:

D. For the year ended December 31, 2013, federal income tax (benefit) expense is different from the amount computed by applying the statutory federal tax rate to net income before federal income taxes as follows:

| | 2013 | % |
|---|----------|-----|
| Expected federal tax expense | (89,589) | 35% |
| DTA for temporary differences adjusted through equity | 0 | 0% |
| Actual federal tax expense reported as of 12/31/13 | (89,589) | 35% |

NOTES TO FINANCIAL STATEMENTS

- E. Operating Loss and Tax Credit Carryforwards
1.

At December 31, 2013, the Company had \$320,985 of unused operating loss carry-forwards available to offset against future taxable income.
2.

The following income tax expense is available for recoupment in the event of future net losses:

| Year | Amount |
|------|-----------|
| 2013 | (89,589) |
| 2012 | (231,396) |
| 2011 | 200,233 |

- F. Consolidated Federal Income Tax Return
- The Company’s federal income tax return is consolidated with its parent in accordance with a written tax sharing agreement.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. All capital stock of Computer Insurance Company is owned by Hewlett-Packard Company.
- B. Change in Terms of Intercompany Arrangements

None.
- C. Amounts Due to or from Related Parties

See above.
- D. Guarantees or Contingencies for Related Parties

The Company has no undisclosed guarantees or undertakings for the benefit of an affiliate.
- E. Management, Service Contracts and Cost Sharing Arrangements

None.
- F. Nature of Relationships that Could Affect Operations

None.
- G. Amount Deducted for Investment in Upstream Company

The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- H. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

The Company holds no investments in affiliates.
- I. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies

The Company has no subsidiaries and holds no investments in affiliates.

11. Debt

The Company has no capital notes or other debt obligations outstanding.

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plans
- The Company has no Defined Benefit Plans.
- B. Defined Contribution Plans

The Company has no defined contribution plans.
- C. Multiemployer Plans

The Company has no multiemployer plans.
- D. Consolidated/Holding Company Plans

The Company is not a party to any consolidated/holding company plans.

NOTES TO FINANCIAL STATEMENTS

E. Post-employment Benefits and Compensated Absences

The Company has no obligations for post-employment benefits and compensated absences.

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

A. Outstanding Shares

None

B. Dividend Rate of Preferred Stock

The Company has no preferred stock.

C., D. and E. Dividend Restrictions

Dividends on common stock are paid as declared by the Board of Directors of the Company. No dividends were declared or paid during the year.

F. Mutual Surplus Advances

The Company is a stock company. It does not have any surplus advances.

G. Company Stock Held for Special Purposes

The Company has no stock held for special purposes.

H. Changes in Special Surplus Funds

There were no changes in special surplus funds during the year.

I Changes in Unassigned Surplus (Deficit)

There are no other changes to the Company’s unassigned surplus other than as reported on the Underwriting and Investment Exhibit.

J. Surplus Notes

The Company has no surplus debentures or surplus notes outstanding.

K. and L. Quasi-Reorganizations

The Company did not enter into any quasi-reorganization arrangements during the year.

14. Contingencies

A. Contingent Commitments

The Company has no commitments or contingent commitments to affiliates or other entities.

B. Guaranty Fund and Other Assessments

The Company is not subject to guaranty fund and other assessments by the states in which it writes business.

C. Gain Contingencies

The Company has no gain contingencies to disclose.

D. All Other Contingencies

The Company does not have any other contingencies.

15. Leases

The Company has not entered into any leasing arrangements.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company does not hold any financial instruments with off-balance sheet risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company has not transferred any receivables reported as sales, transferred or serviced any financial assets, or entered into any wash sales involving transactions for securities with a NAIC designation of 3 or below, or unrated.

NOTES TO FINANCIAL STATEMENTS

18.

Gain or Loss to the Reporting Entity from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans

The Company does not have uninsured or partially insured accident and health plans.
19.

Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not use a managing general agent or third party administrator.
20.

Fair Value Measurements at Reporting Date

(1)

The company holds only Level 1 assets and liabilities, defined as having a valuation based on unadjusted quoted prices in active markets for identical assets or liabilities that the Company has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment. The company’s level one assets as of 12/31/13 are:

Cash and Cash Equivalents: \$24,201,894

(2)

The company does not have any fair value measurements categorized within Level 3.

(3)

The company has had no transfers between levels recognized. The company held only level 1 assets and liabilities for years ending December 31, 2012 and December 31, 2013.

(4)

The company has no fair value measurements categorized within Level 2 or 3.
21.

Other Items

A.

Extraordinary Items

The Company has no extraordinary items to disclose.

B.

Troubled Debt Restructuring of Debtors

The Company did not enter into any troubled debt restructurings for debtors during the year.

C.

Other Disclosures

There are no other events that merit disclosure.

D.

Uncollectible Premiums Receivable

The Company did not have any uncollectible premiums receivable at 12/31/2013.

E.

Business Interruption Insurance Recoveries

The Company did not receive any business interruption insurance recoveries during the year.
22.

Events Subsequent

A.

There were no events occurring subsequent to December 31, 2013 through the date of this filing meriting disclosure.
23.

Reinsurance

A.

Unsecured Reinsurance Recoverables

The Company does not have an unsecured aggregate recoverable for paid losses and LAE with any individual reinsurer, authorized or unauthorized, that exceeds 3% of policyholders' surplus.

B.

Reinsurance Recoverables in Dispute

The Company does not have reinsurance recoverables for paid losses and LAE that exceed 5% of policyholders’ surplus for an individual reinsurer or 10% of policyholders’ surplus in aggregate.

NOTES TO FINANCIAL STATEMENTS

C. Reinsurance Assumed and Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2013:

| | Assumed | | Ceded | | Net | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Unearned Premiums</i> | <i>Commission Equity</i> | <i>Unearned Premiums</i> | <i>Commission Equity</i> | <i>Unearned Premiums</i> | <i>Commission Equity</i> |
| Affiliates | 0 | 0 | 0 | 0 | 0 | 0 |
| b. All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Totals | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Gross Direct Unearned Premium Reserve \$0 | | | | | | |

2. The Company has no agency agreements or ceded reinsurance contracts that provide for additional or return commissions based on loss experience.
3. The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

The Company had no uncollectible reinsurance at December 31, 2013.

E. Commutation of Ceded Reinsurance

The Company did not commute any ceded reinsurance during the year.

F. Retroactive Reinsurance

The Company has not entered into any retroactive reinsurance arrangements.

G. Reinsurance Accounted for as a Deposit

The Company has not entered into any reinsurance arrangements requiring the deposit method of accounting.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company has no retrospectively rated contracts or other contracts subject to redetermination.

25. Changes in Incurred Losses and LAE

Activity in the liability for unpaid losses and LAE on a claim reported year basis is summarized as follows:

| Description | 2013 | 2012 |
|---|------|-----------|
| Unpaid losses and LAE at beginning of year | 0 | 114,188 |
| Losses and LAE incurred in current year: | | |
| For current year losses and LAE (Schedule P – Part 1) | 0 | (111,176) |
| For prior year losses and defense and cost containment expenses (Schedule P – Part 2) | 0 | 0 |
| For prior year adjusting and other expenses | 0 | 0 |
| Income statement amounts | 0 | (111,176) |
| Losses and LAE paid in current year: | | |
| For current year losses and LAE (Schedule P – Part 1) | 0 | 3,012 |
| For prior year losses and LAE | 0 | 0 |
| Underwriting exhibits paid amounts | 0 | 0 |
| Unpaid losses and LAE at end of year | 0 | 0 |

26. Intercompany Pooling Arrangements

The Company does not have any intercompany pooling arrangements.

27. Structured Settlements

The Company has not entered into any structured settlements.

28. Health Care Receivables

The Company has no health care receivables.

29. Participating Accident and Health Policies

The Company does not have any participating accident and health policies.

30. Premium Deficiency Reserves

The Company was not required to record a premium deficiency reserve.

NOTES TO FINANCIAL STATEMENTS

31.

High Deductibles

The Company has no high deductible policies.
32.

Discounting of Liabilities for Unpaid Losses and Unpaid LAE

The Company does not discount its liabilities for unpaid losses or unpaid LAE.
33.

Asbestos/Environmental Reserves

The Company does not write asbestos/environmental coverage.
34.

Subscriber Savings Accounts

The Company is not a reciprocal exchange and, therefore, does not have subscriber savings accounts.
35.

Multiple Peril Crop

The Company does not write multiple peril crop insurance coverage.
36.

Financial Guaranty Insurance

The Company does not write financial Guaranty Insurance

COMPUTER INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State regulating?
Rhode Island

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

07/01/2010

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2009

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/31/2009

3.4

By what department or departments?
Rhode Island Department of Revenue

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [X] No [] N/A []

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [] No [X]

4.12

renewals?

Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [] No [X]

4.22

renewals?

Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| | | |
|---------------------|--------------------|------------------------|
| 1 Name of Entity | 2 NAIC Co. Code | 3 State of Domicile |
| | | |

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21

State the percentage of foreign control

.....%

7.22

State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

| | |
|------------------|---------------------|
| 1 Nationality | 2 Type of Entity |
| | |

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| | | | | | |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
| | | | | | |

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Audit Waiver Obtained from Domicile State

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

COMPUTER INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

- 10.5
- Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?
- Yes []
- No []
- N/A [X]
- 10.6
- If the answer to 10.5 is no or n/a, please explain.

11.
- What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Acturial Opinion Waiver Obtained from Domicile

- 12.1
- Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
- Yes []
- No [X]
- 12.11
- Name of real estate holding company

- 12.12
- Number of parcels involved
-
- 12.13
- Total book/adjusted carrying value
-
- 12.2
- If yes, provide explanation.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

- 13.1
- What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

- 13.2
- Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
- Yes []
- No []
- 13.3
- Have there been any changes made to any of the trust indentures during the year?
- Yes []
- No []
- 13.4
- If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- Yes []
- No []
- N/A []
- 14.1
- Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
- Yes [X]
- No []

- a.
- Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.
- Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.
- Compliance with applicable governmental laws, rules and regulations;
- d.
- The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.
- Accountability for adherence to the code.
- 14.11
- If the response to 14.1 is no, please explain:

- 14.2
- Has the code of ethics for senior managers been amended?
- Yes []
- No [X]
- 14.21
- If the response to 14.2 is yes, provide information related to amendment(s).

- 14.3
- Have any provisions of the code of ethics been waived for any of the specified officers?
- Yes []
- No [X]
- 14.31
- If the response to 14.3 is yes, provide the nature of any waiver(s).

- 15.1
- Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes []
- No [X]
- 15.2
- If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 | 2 | 3 | 4 |
|---|---------------------------------|---|--------|
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
| | | | |

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16.
- Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
- Yes [X]
- No []
17.
- Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
- Yes [X]
- No []
18.
- Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X]
- No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19.
- Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)
- Yes []
- No [X]
- 20.1
- Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11
- To directors or other officers
- \$.....0
- 20.12
- To stockholders not officers
- \$.....0
- 20.13
- Trustees, supreme or grand (Fraternal only)
- \$.....0
- 20.2
- Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21
- To directors or other officers
- \$.....0
- 20.22
- To stockholders not officers
- \$.....0
- 20.23
- Trustees, supreme or grand (Fraternal only)
- \$.....0
- 21.1
- Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes []
- No [X]
- 21.2
- If yes, state the amount thereof at December 31 of the current year:
- 21.21
- Rented from others
-
- 21.22
- Borrowed from others
-
- 21.23
- Leased from others
-
- 21.24
- Other
-

COMPUTER INSURANCE COMPANY

PART 1 - COMMON INTERROGATORIES - FINANCIAL

22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes []No [X]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

22.22

Amount paid as expenses

22.23

Other amounts paid

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes []No [X]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [X]No []

24.02

If no, give full and complete information relating thereto.

24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes []No []N/A [X]

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06

If answer to 24.04 is no, report amount of collateral for other programs.

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes []No []N/A [X]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes []No []N/A [X]

24.09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes []No []N/A [X]

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103

Total payable for securities lending reported on the liability page.

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)

Yes [X]No []

25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....5,346,057

25.22

Subject to reverse repurchase agreements

\$.....0

25.23

Subject to dollar repurchase agreements

\$.....0

25.24

Subject to reverse dollar repurchase agreements

\$.....0

25.25

Pledged as collateral

\$.....0

25.26

Placed under option agreements

\$.....0

25.27

Letter stock or securities restricted as to sale

\$.....0

25.28

On deposit with state or other regulatory body

\$.....0

25.29

Other

\$.....0

25.3

For category (25.27) provide the following:

1

Nature of Restriction

2

Description

3

Amount

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes []No [X]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes []No []N/A [X]

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes []No [X]

27.2

If yes, state the amount thereof at December 31 of the current year:

28.

Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X]No []

28.01

For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1

Name of Custodian(s)

2

Custodian's Address

28.02

For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1

Name(s)

2

Location(s)

3

Complete Explanation(s)

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes []No [X]

28.04

If yes, give full and complete information relating thereto:

1

Old Custodian

2

New Custodian

3

Date of Change

4

Reason

28.05

Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1

Central Registration Depository Number(s)

2

Name

3

Address

29.1

Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes []No [X]

COMPUTER INSURANCE COMPANY

PART 1 - COMMON INTERROGATORIES - INVESTMENT

29.2 If yes, complete the following schedule:

| 1 | 2 | 3 |
|----------------|---------------------|------------------------------|
| CUSIP # | Name of Mutual Fund | Book/Adjusted Carrying Value |
| 29.2999. TOTAL | | 0 |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 | 2 | 3 | 4 |
|--|--|--|-------------------|
| Name of Mutual Fund (from the above table) | Name of Significant Holding of the Mutual Fund | Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding | Date of Valuation |
| | | | |

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 | 2 | 3 |
|----------------------------|----------------------------|------------|---|
| | Statement (Admitted) Value | Fair Value | Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
| 30.1 Bonds..... | 24,202,552 | 24,202,552 | 0 |
| 30.2 Preferred stocks..... | | | 0 |
| 30.3 Totals..... | 24,202,552 | 24,202,552 | 0 |

30.4 Describe the sources or methods utilized in determining the fair values:

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []
- 32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$.....0
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

- 34.1 Amount of payments for legal expenses, if any?

\$.....0
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$.....0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

NONE

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐]

No [☒ X]

1.2

If yes, indicate premium earned on U.S. business only.

1.3

What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

1.62

Total incurred claims

1.63

Number of covered lives

All years prior to most current three years:

1.64

Total premium earned

1.65

Total incurred claims

1.66

Number of covered lives

1.7

Group policies:

Most current three years:

1.71

Total premium earned

1.72

Total incurred claims

1.73

Number of covered lives

All years prior to most current three years:

1.74

Total premium earned

1.75

Total incurred claims

1.76

Number of covered lives

2.

Health test:

| | 1 Current Year | 2 Prior Year |
|----------------------------------|-------------------|-----------------|
| 2.1 Premium Numerator..... | \$.....0 | \$.....0 |
| 2.2 Premium Denominator..... | \$.....0 | \$.....0 |
| 2.3 Premium Ratio (2.1/2.2)..... |0.0 |0.0 |
| 2.4 Reserve Numerator..... | \$.....0 | \$.....0 |
| 2.5 Reserve Denominator..... | \$.....0 | \$.....0 |
| 2.6 Reserve Ratio (2.4/2.5)..... |0.0 |0.0 |

3.1

Does the reporting entity issue both participating and non-participating policies?

Yes [☐]

No [☒ X]

3.2

If yes, state the amount of calendar year premiums written on:

3.21

Participating policies

3.22

Non-participating policies

4.

FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:

4.1

Does the reporting entity issue assessable policies?

Yes [☐]

No [☐]

4.2

Does the reporting entity issue non-assessable policies?

Yes [☐]

No [☐]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders?

.....%

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.

5.

FOR RECIPROCAL EXCHANGES ONLY:

5.1

Does the exchange appoint local agents?

Yes [☐]

No [☐]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation

Yes [☐]

No [☐]

N/A [☒ X]

5.22

As a direct expense of the exchange

Yes [☐]

No [☐]

N/A [☒ X]

5.3

What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [☐]

No [☐]

5.5

If yes, give full information:

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?

Yes [☒ X]

No [☐]

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss:

N/A - Currently no underwriting activity

7.1

Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?

Yes [☐]

No [☒ X]

7.2

If yes, indicate the number of reinsurance contracts containing such provisions.

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?

Yes [☐]

No [☐]

16

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes []

No [X]

8.2

If yes, give full information:

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes []

No [X]

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract?

Yes []

No [X]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes []

No [X]

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes []

No [X]

10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes []

No []

N/A [X]

11.1

Has this reporting entity guaranteed policies issued by any other reporting entity and now in force?

Yes []

No [X]

11.2

If yes, give full information:

12.1

If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses
12.12 Unpaid underwriting expenses (including loss adjustment expenses)

\$.....0

\$.....0

12.2

Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds:

\$.....0

12.3

If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

Yes []

No [X]

N/A []

12.4

If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From
12.42 To

.....%

.....%

12.5

Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes []

No [X]

12.6

If yes, state the amount thereof at December 31 of current year:
12.61 Letters of credit
12.62 Collateral and other funds

.....

.....

13.1

Largest net aggregate amount insured in any one risk (excluding workers' compensation):

\$.....0

13.2

Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

Yes []

No [X]

13.3

State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

.....0

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

14.1

Is the company a cedant in a multiple cedant reinsurance contract?

Yes [☐]

No [☒ X]

14.2

If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3

If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [☐]

No [☐]

14.4

If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [☐]

No [☐]

14.5

If the answer to 14.4 is no, please explain:

15.1

Has the reporting entity guaranteed any financed premium accounts?

Yes [☐]

No [☒ X]

15.2

If yes, give full information:

16.1

Does the reporting entity write any warranty business?

Yes [☐]

No [☒ X]

If yes, disclose the following information for each of the following types of warranty coverage:

| | 1 Direct Losses Incurred | 2 Direct Losses Unpaid | 3 Direct Written Premium | 4 Direct Premium Unearned | 5 Direct Premium Earned |
|-----------------------|--------------------------------|------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 16.11 Home..... | | | | | |
| 16.12 Products..... | | | | | |
| 16.13 Automobile..... | | | | | |
| 16.14 Other*..... | | | | | |

* Disclose type of coverage:

17.1

Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5?

Yes [☐]

No [☒ X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

17.11

Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

.....

17.12

Unfunded portion of Interrogatory 17.11

.....

17.13

Paid losses and loss adjustment expenses portion of Interrogatory 17.11

.....

17.14

Case reserves portion of Interrogatory 17.11

.....

17.15

Incurred but not reported portion of Interrogatory 17.11

.....

17.16

Unearned premium portion of Interrogatory 17.11

.....

17.17

Contingent commission portion of Interrogatory 17.11

.....

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:

17.18

Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

.....

17.19

Unfunded portion of Interrogatory 17.18

.....

17.20

Paid losses and loss adjustment expenses portion of Interrogatory 17.18

.....

17.21

Case reserves portion of Interrogatory 17.18

.....

17.22

Incurred but not reported portion of Interrogatory 17.18

.....

17.23

Unearned premium portion of Interrogatory 17.18

.....

17.24

Contingent commission portion of Interrogatory 17.18

.....

18.1

Do you act as a custodian for health savings account?

Yes [☐]

No [☒ X]

18.2

If yes, please provide the amount of custodial funds held as of the reporting date.

18.3

Do you act as an administrator for health savings accounts?

Yes [☐]

No [☒ X]

18.4

If yes, please provide the balance of the funds administered as of the reporting date.

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

| | 1 2013 | 2 2012 | 3 2011 | 4 2010 | 5 2009 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) | | | | | |
| 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)... | | | | | |
| 2. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | | |2,106,281 |3,646,960 |4,689,271 |
| 3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | | | | | |
| 4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | | | | | |
| 5. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | | | | | |
| 6. Total (Line 35)..... |0 |0 |2,106,281 |3,646,960 |4,689,271 |
| Net Premiums Written (Page 8, Part 1B, Col. 6) | | | | | |
| 7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)... | | | | | |
| 8. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | | |1,749,820 |3,183,314 |4,082,021 |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | | | | | |
| 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | | | | | |
| 11. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | | | | | |
| 12. Total (Line 35)..... |0 |0 |1,749,820 |3,183,314 |4,082,021 |
| Statement of Income (Page 4) | | | | | |
| 13. Net underwriting gain (loss) (Line 8)..... |(256,921) |(694,688) |529,261 |1,883,812 |2,760,544 |
| 14. Net investment gain (loss) (Line 11)..... |954 |33,557 |52,200 |55,124 |71,545 |
| 15. Total other income (Line 15)..... | | | | | |
| 16. Dividends to policyholders (Line 17)..... | | | | | |
| 17. Federal and foreign income taxes incurred (Line 19)..... |(89,589) |(231,396) |200,233 |676,933 |991,144 |
| 18. Net income (Line 20)..... |(166,378) |(429,735) |381,228 |1,262,003 |1,840,945 |
| Balance Sheet Lines (Pages 2 and 3) | | | | | |
| 19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)..... |24,205,156 |24,519,875 |25,523,281 |25,754,943 |24,930,400 |
| 20. Premiums and considerations (Page 2, Col. 3): | | | | | |
| 20.1 In course of collection (Line 15.1)..... | | |247,849 |504,801 |590,368 |
| 20.2 Deferred and not yet due (Line 15.2)..... | | | | | |
| 20.3 Accrued retrospective premiums (Line 15.3)..... | | | | | |
| 21. Total liabilities excluding protected cell business (Page 3, Line 26)..... |(238,103) |(89,764) |482,644 |1,092,525 |1,530,052 |
| 22. Losses (Page 3, Line 1)..... | | |27,700 |68,574 |63,558 |
| 23. Loss adjustment expenses (Page 3, Line 3)..... | | |86,488 |114,627 |115,758 |
| 24. Unearned premiums (Page 3, Line 9)..... | | | | | |
| 25. Capital paid up (Page 3, Lines 30 & 31)..... |2,500,000 |2,500,000 |2,500,000 |2,500,000 |2,500,000 |
| 26. Surplus as regards policyholders (Page 3, Line 37)..... |24,443,260 |24,609,639 |25,040,637 |24,662,418 |23,400,348 |
| Cash Flow (Page 5) | | | | | |
| 27. Net cash from operations (Line 11)..... |(314,537) |(688,729) |39,598 |921,491 |1,732,052 |
| Risk-Based Capital Analysis | | | | | |
| 28. Total adjusted capital..... |24,443,260 |24,609,639 |25,040,637 |24,662,418 |23,400,348 |
| 29. Authorized control level risk-based capital..... |20,048 |21,179 |113,626 |36,739 |22,411 |
| Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0 | | | | | |
| 30. Bonds (Line 1)..... | | |6.0 |6.0 |6.3 |
| 31. Stocks (Lines 2.1 & 2.2)..... | | | | | |
| 32. Mortgage loans on real estate (Lines 3.1 & 3.2)..... | | | | | |
| 33. Real estate (Lines 4.1, 4.2 & 4.3)..... | | | | | |
| 34. Cash, cash equivalents and short-term investments (Line 5)..... |100.0 |100.0 |94.0 |94.0 |93.7 |
| 35. Contract loans (Line 6)..... | | | | | |
| 36. Derivatives (Line 7)..... | | | | |XXX..... |
| 37. Other invested assets (Line 8)..... | | | | | |
| 38. Receivable for securities (Line 9)..... | | | | | |
| 39. Securities lending reinvested collateral assets (Line 10)..... | | | | |XXX..... |
| 40. Aggregate write-ins for invested assets (Line 11)..... | | | | | |
| 41. Cash, cash equivalents and invested assets (Line 12)..... |100.0 |100.0 |100.0 |100.0 |100.0 |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)..... | | | | | |
| 43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)..... | | | | | |
| 44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)..... | | | | | |
| 45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10)..... | | | | | |
| 46. Affiliated mortgage loans on real estate..... | | | | | |
| 47. All other affiliated..... | | | | | |
| 48. Total of above lines 42 to 47..... |0 |0 |0 |0 |0 |
| 49. Total investment in parent included in Lines 42 to 47 above..... | | | | | |
| 50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)..... |0.0 | | | | |

COMPUTER INSURANCE COMPANY
FIVE-YEAR HISTORICAL DATA
(Continued)

| | 1 | 2 | 3 | 4 | 5 |
|---|----------------|----------------|--------------|----------------|-------------------|
| | 2013 | 2012 | 2011 | 2010 | 2009 |
| Capital and Surplus Accounts (Page 4) | | | | | |
| 51. Net unrealized capital gains (losses) (Line 24)..... | | | | | |
| 52. Dividends to stockholders (Line 35)..... | | | | |(20,000,000) |
| 53. Change in surplus as regards policyholders for the year (Line 38)..... |(166,378) |(430,998) |378,219 |1,262,070 |(18,159,244) |
| Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) | | | | | |
| 54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)... | | | | | |
| 55. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | | |45,236 |22,935 |44,795 |
| 56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | | | | | |
| 57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | | | | | |
| 58. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | | | | | |
| 59. Total (Line 35)..... |0 |0 |45,236 |22,935 |44,795 |
| Net Losses Paid (Page 9, Part 2, Col. 4) | | | | | |
| 60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)... | | | | | |
| 61. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | | |45,236 |22,935 |44,795 |
| 62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | | | | | |
| 63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | | | | | |
| 64. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | | | | | |
| 65. Total (Line 35)..... |0 |0 |45,236 |22,935 |44,795 |
| Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 | | | | | |
| 66. Premiums earned (Line 1)..... |100.0 |100.0 |100.0 |100.0 |100.0 |
| 67. Losses incurred (Line 2)..... | | |0.2 |0.9 |0.8 |
| 68. Loss expenses incurred (Line 3)..... | | |7.2 |4.7 |4.2 |
| 69. Other underwriting expenses incurred (Line 4)..... | | |62.3 |35.3 |27.4 |
| 70. Net underwriting gain (loss) (Line 8)..... | | |30.2 |59.2 |67.6 |
| Other Percentages | | | | | |
| 71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)..... | | |62.3 |35.3 |27.4 |
| 72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)..... | | |7.4 |5.6 |5.0 |
| 73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0)..... | | |7.0 |12.9 |17.4 |
| One Year Loss Development (000 omitted) | | | | | |
| 74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)..... | | |(67) |(55) |(68) |
| 75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100)..... | | |(0.3) |(0.2) |(0.2) |
| Two Year Loss Development (000 omitted) | | | | | |
| 76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)..... |(28) |(67) |(55) |(69) |(186) |
| 77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)..... |(0.1) |(0.3) |(0.2) |(0.2) |(0.5) |

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of
SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported- Direct and Assumed |
|---|-----------------------------------|----------------|-------------------------------|--------------------------------|-------------|--|-------------|---------------------------------|-------------|---|---|---|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....0 |XXX..... |
| 2. 2004..... |10,239..... |330..... |9,909..... |187..... | ..... | ..... | ..... | .....176..... | ..... | ..... | .....363..... |XXX..... |
| 3. 2005..... |11,644..... |512..... |11,132..... |286..... | ..... | ..... | ..... | .....160..... | ..... | .....31..... |446..... |XXX..... |
| 4. 2006..... |9,625..... |492..... |9,133..... |221..... | ..... | ..... | ..... | .....151..... | ..... | .....25..... |372..... |XXX..... |
| 5. 2007..... |7,378..... |894..... |6,484..... |151..... | ..... | ..... | ..... | .....153..... | ..... | .....4..... |304..... |XXX..... |
| 6. 2008..... |6,346..... |835..... |5,511..... |51..... | ..... | ..... | ..... | .....182..... | ..... | ..... | .....233..... |XXX..... |
| 7. 2009..... |4,689..... |607..... |4,082..... |45..... | ..... | ..... | ..... | .....178..... | ..... | ..... | .....223..... |XXX..... |
| 8. 2010..... |3,647..... |464..... |3,183..... |15..... | ..... | ..... | ..... | .....125..... | ..... | ..... | .....140..... |XXX..... |
| 9. 2011..... |2,106..... |356..... |1,750..... |44..... | ..... | ..... | ..... | .....141..... | ..... | ..... | .....185..... |XXX..... |
| 10. 2012..... | ..... | ..... | .....0..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....0..... |XXX..... |
| 11. 2013..... | ..... | ..... | .....0..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | .....0..... |XXX..... |
| 12. Totals..... |XXX..... |XXX..... |XXX..... |1,000..... |0..... |0..... |0..... |1,266..... |0..... |60..... |2,266..... |XXX..... |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding- Direct and Assumed |
|---------------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|--------|---|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded |  |  |  |  |  | Direct and Assumed | Ceded |
| 1. Prior..... | | | | | | | | | | | |0 | XXX..... |
| 2. 2004.... | | | | | | | | | | | |0 | XXX..... |
| 3. 2005.... | | | | | | | | | | | |0 | XXX..... |
| 4. 2006.... | | | | | | | | | | | |0 | XXX..... |
| 5. 2007.... | | | | | | | | | | | |0 | XXX..... |
| 6. 2008.... | | | | | | | | | | | |0 | XXX..... |
| 7. 2009.... | | | | | | | | | | | |0 | XXX..... |
| 8. 2010.... | | | | | | | | | | | |0 | XXX..... |
| 9. 2011.... | | | | | | | | | | | |0 | XXX..... |
| 10. 2012.... | | | | | | | | | | | |0 | XXX..... |
| 11. 2013.... | | | | | | | | | | | |0 | XXX..... |
| 12. Totals.. |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | XXX..... |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|------------|--|---------------|---------------|--|---------------|----------------|------------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... | | |XXX..... |0 |0 |
| 2. 2004. |363..... |0..... |363..... |3.5..... |0.0..... |3.7..... | | | |0 |0 |
| 3. 2005. |446..... |0..... |446..... |3.8..... |0.0..... |4.0..... | | | |0 |0 |
| 4. 2006. |372..... |0..... |372..... |3.9..... |0.0..... |4.1..... | | | |0 |0 |
| 5. 2007. |304..... |0..... |304..... |4.1..... |0.0..... |4.7..... | | | |0 |0 |
| 6. 2008. |233..... |0..... |233..... |3.7..... |0.0..... |4.2..... | | | |0 |0 |
| 7. 2009. |223..... |0..... |223..... |4.8..... |0.0..... |5.5..... | | | |0 |0 |
| 8. 2010. |140..... |0..... |140..... |3.8..... |0.0..... |4.4..... | | | |0 |0 |
| 9. 2011. |185..... |0..... |185..... |8.8..... |0.0..... |10.6..... | | | |0 |0 |
| 10. 2012. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0 |0 |
| 11. 2013. |0..... |0..... |0..... |0.0..... |0.0..... |0.0..... | | | |0 |0 |
| 12. Totals |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0..... |0..... |XXX..... |0..... |0..... |

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

| Years in Which Losses Were Incurred | Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|----------|----------|----------|----------|----------|----------|----------|-----------|----------|-------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | One Year | Two Year |
| 1. Prior..... |(36) |5 |5 |5 |5 |5 |5 |5 |5 |5 |0 |0 |
| 2. 2004..... |607 |185 |185 |187 |187 |187 |187 |187 |187 |187 |0 |0 |
| 3. 2005..... |XXX |618 |285 |286 |286 |286 |286 |286 |286 |286 |0 |0 |
| 4. 2006..... |XXX |XXX |410 |221 |221 |221 |221 |221 |221 |221 |0 |0 |
| 5. 2007..... |XXX |XXX |XXX |337 |151 |151 |151 |151 |151 |151 |0 |0 |
| 6. 2008..... |XXX |XXX |XXX |XXX |119 |51 |51 |51 |51 |51 |0 |0 |
| 7. 2009..... |XXX |XXX |XXX |XXX |XXX |100 |45 |45 |45 |45 |0 |0 |
| 8. 2010..... |XXX |XXX |XXX |XXX |XXX |XXX |82 |15 |15 |15 |0 |0 |
| 9. 2011..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |72 |72 |44 |(28) |(28) |
| 10. 2012..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |(28) | ..... | .....28 |XXX |
| 11. 2013..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX | ..... | .....XXX |XXX |
| 12. Totals..... | | | | | | | | | | |0 |(28) |

SCHEDULE P - PART 3 - SUMMARY

| Years in Which Losses Were Incurred | Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | 11 | 12 |
|-------------------------------------|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Number of Claims Closed With Loss Payment | Number of Claims Closed Without Loss Payment |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | | |
| 1. Prior..... |000 |5 |5 |5 |5 |5 |5 |5 |5 |5 |XXX |XXX |
| 2. 2004..... |145 |185 |185 |187 |187 |187 |187 |187 |187 |187 |XXX |XXX |
| 3. 2005..... |XXX |165 |285 |286 |286 |286 |286 |286 |286 |286 |XXX |XXX |
| 4. 2006..... |XXX |XXX |198 |221 |221 |221 |221 |221 |221 |221 |XXX |XXX |
| 5. 2007..... |XXX |XXX |XXX |147 |151 |151 |151 |151 |151 |151 |XXX |XXX |
| 6. 2008..... |XXX |XXX |XXX |XXX |43 |51 |51 |51 |51 |51 |XXX |XXX |
| 7. 2009..... |XXX |XXX |XXX |XXX |XXX |36 |45 |45 |45 |45 |XXX |XXX |
| 8. 2010..... |XXX |XXX |XXX |XXX |XXX |XXX |14 |15 |15 |15 |XXX |XXX |
| 9. 2011..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |44 |44 |44 |XXX |XXX |
| 10. 2012..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX | ..... | ..... | .....XXX |XXX |
| 11. 2013..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX | ..... | .....XXX |XXX |

SCHEDULE P - PART 4 - SUMMARY

| Years in Which Losses Were Incurred | Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|-------------------------------------|---|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 1. Prior..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2004..... |200 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2005..... |XXX |150 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. 2006..... |XXX |XXX |150 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. 2007..... |XXX |XXX |XXX |75 | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. 2008..... |XXX |XXX |XXX |XXX |50 | ..... | ..... | ..... | ..... | ..... |
| 7. 2009..... |XXX |XXX |XXX |XXX |XXX |50 | ..... | ..... | ..... | ..... |
| 8. 2010..... |XXX |XXX |XXX |XXX |XXX |XXX |50 | ..... | ..... | ..... |
| 9. 2011..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |20 |20 | ..... |
| 10. 2012..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |(20) | ..... |
| 11. 2013..... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX | ..... |

COMPUTER INSURANCE COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

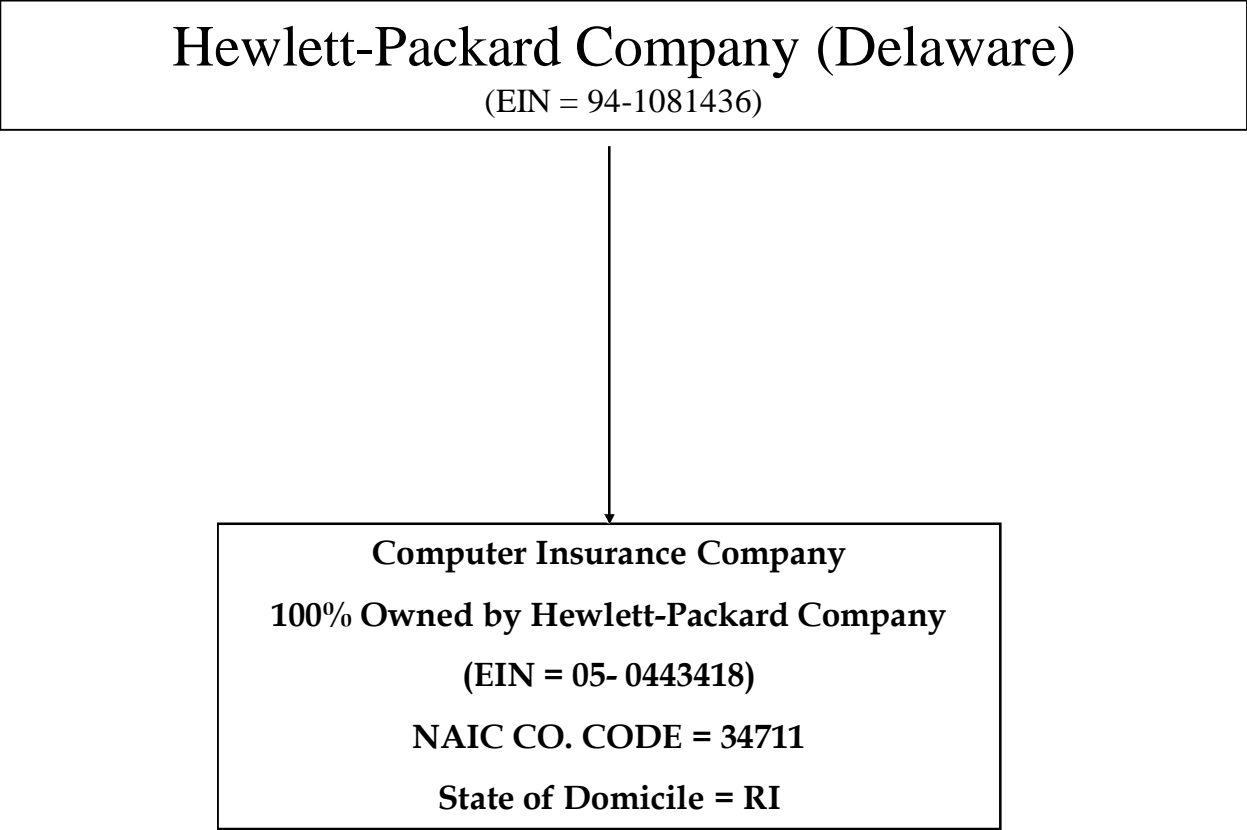
| States, Etc. | 1 | Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken | | 4 | 5 | 6 | 7 | 8 | 9 |
|-----------------------------------|---------------|--|------------------------|--|--|------------------------|----------------------|--|---|
| | | 2 | 3 | | | | | | |
| | Active Status | Direct Premiums Written | Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Losses Paid (Deducting Salvage) | Direct Losses Incurred | Direct Losses Unpaid | Finance and Service Charges not Included in Premiums | Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2) |
| 1. Alabama..... | AL ..N... | | | | | | | | |
| 2. Alaska..... | AK ..N... | | | | | | | | |
| 3. Arizona..... | AZ ..L... | | | | | | | | |
| 4. Arkansas..... | AR ..N... | | | | | | | | |
| 5. California..... | CA ..L... | | | | | | | | |
| 6. Colorado..... | CO ..N... | | | | | | | | |
| 7. Connecticut..... | CT ..L... | | | | | | | | |
| 8. Delaware..... | DE ..N... | | | | | | | | |
| 9. District of Columbia..... | DC ..L... | | | | | | | | |
| 10. Florida..... | FL ..L... | | | | | | | | |
| 11. Georgia..... | GA ..L... | | | | | | | | |
| 12. Hawaii..... | HI ..N... | | | | | | | | |
| 13. Idaho..... | ID ..N... | | | | | | | | |
| 14. Illinois..... | IL ..L... | | | | | | | | |
| 15. Indiana..... | IN ..L... | | | | | | | | |
| 16. Iowa..... | IA ..N... | | | | | | | | |
| 17. Kansas..... | KS ..N... | | | | | | | | |
| 18. Kentucky..... | KY ..N... | | | | | | | | |
| 19. Louisiana..... | LA ..N... | | | | | | | | |
| 20. Maine..... | ME ..L... | | | | | | | | |
| 21. Maryland..... | MD ..N... | | | | | | | | |
| 22. Massachusetts..... | MA ..L... | | | | | | | | |
| 23. Michigan..... | MI ..L... | | | | | | | | |
| 24. Minnesota..... | MN ..L... | | | | | | | | |
| 25. Mississippi..... | MS ..N... | | | | | | | | |
| 26. Missouri..... | MO ..L... | | | | | | | | |
| 27. Montana..... | MT ..N... | | | | | | | | |
| 28. Nebraska..... | NE ..N... | | | | | | | | |
| 29. Nevada..... | NV ..N... | | | | | | | | |
| 30. New Hampshire..... | NH ..L... | | | | | | | | |
| 31. New Jersey..... | NJ ..L... | | | | | | | | |
| 32. New Mexico..... | NM ..N... | | | | | | | | |
| 33. New York..... | NY ..L... | | | | | | | | |
| 34. North Carolina..... | NC ..L... | | | | | | | | |
| 35. North Dakota..... | ND ..N... | | | | | | | | |
| 36. Ohio..... | OH ..L... | | | | | | | | |
| 37. Oklahoma..... | OK ..N... | | | | | | | | |
| 38. Oregon..... | OR ..N... | | | | | | | | |
| 39. Pennsylvania..... | PA ..L... | | | | | | | | |
| 40. Rhode Island..... | RI ..L... | | | | | | | | |
| 41. South Carolina..... | SC ..N... | | | | | | | | |
| 42. South Dakota..... | SD ..N... | | | | | | | | |
| 43. Tennessee..... | TN ..L... | | | | | | | | |
| 44. Texas..... | TX ..L... | | | | | | | | |
| 45. Utah..... | UT ..N... | | | | | | | | |
| 46. Vermont..... | VT ..L... | | | | | | | | |
| 47. Virginia..... | VA ..N... | | | | | | | | |
| 48. Washington..... | WA ..N... | | | | | | | | |
| 49. West Virginia..... | WV ..N... | | | | | | | | |
| 50. Wisconsin..... | WI ..L... | | | | | | | | |
| 51. Wyoming..... | WY ..N... | | | | | | | | |
| 52. American Samoa..... | AS ..N... | | | | | | | | |
| 53. Guam..... | GU ..N... | | | | | | | | |
| 54. Puerto Rico..... | PR ..N... | | | | | | | | |
| 55. US Virgin Islands..... | VI ..N... | | | | | | | | |
| 56. Northern Mariana Islands..... | MP ..N... | | | | | | | | |
| 57. Canada..... | CAN ..N... | | | | | | | | |
| 58. Aggregate Other Alien..... | OT ..XXX.. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals..... | (a) ..24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

| | | | | | | | | | |
|--|---------|---|---|---|---|---|---|---|---|
| 58001. | ..XXX.. | | | | | | | | |
| 58002. | ..XXX.. | | | | | | | | |
| 58003. | ..XXX.. | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | ..XXX.. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) | ..XXX.. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Insert the number of "L" responses except for Canada and Other Alien.
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
Explanation of Basis of Allocation of Premiums by States, etc.

Organizational Structure



2013 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

| | | | |
|--|------|--|------|
| Assets | 2 | Schedule P--Part 2G--Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 58 |
| Cash Flow | 5 | Schedule P--Part 2H--Section 1--Other Liability--Occurrence | 58 |
| Exhibit of Capital Gains (Losses) | 12 | Schedule P--Part 2H--Section 2--Other Liability--Claims--Made | 58 |
| Exhibit of Net Investment Income | 12 | Schedule P--Part 2I--Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft) | 59 |
| Exhibit of Nonadmitted Assets | 13 | Schedule P--Part 2J--Auto Physical Damage | 59 |
| Exhibit of Premiums and Losses (State Page) | 19 | Schedule P--Part 2K--Fidelity, Surety | 59 |
| Five-Year Historical Data | 17 | Schedule P--Part 2L--Other (Including Credit, Accident and Health) | 59 |
| General Interrogatories | 15 | Schedule P--Part 2M--International | 59 |
| Jurat Page | 1 | Schedule P--Part 2N--Reinsurance -- Nonproportional Assumed Property | 60 |
| Liabilities, Surplus and Other Funds | 3 | Schedule P--Part 2O--Reinsurance -- Nonproportional Assumed Liability | 60 |
| Notes To Financial Statements | 14 | Schedule P--Part 2P--Reinsurance -- Nonproportional Assumed Financial Lines | 60 |
| Overflow Page For Write-ins | 100 | Schedule P--Part 2R--Section 1--Products Liability--Occurrence | 61 |
| Schedule A--Part 1 | E01 | Schedule P--Part 2R--Section 2--Products Liability--Claims-Made | 61 |
| Schedule A--Part 2 | E02 | Schedule P--Part 2S--Financial Guaranty/Mortgage Guaranty | 61 |
| Schedule A--Part 3 | E03 | Schedule P--Part 2T--Warranty | 61 |
| Schedule A--Verification Between Years | SI02 | Schedule P--Part 3A--Homeowners/Farmowners | 62 |
| Schedule B--Part 1 | E04 | Schedule P--Part 3B--Private Passenger Auto Liability/Medical | 62 |
| Schedule B--Part 2 | E05 | Schedule P--Part 3C--Commercial Auto/Truck Liability/Medical | 62 |
| Schedule B--Part 3 | E06 | Schedule P--Part 3D--Workers' Compensation (Excluding Excess Workers Compensation) | 62 |
| Schedule B--Verification Between Years | SI02 | Schedule P--Part 3E--Commercial Multiple Peril | 62 |
| Schedule BA--Part 1 | E07 | Schedule P--Part 3F--Section 1 --Medical Professional Liability--Occurrence | 63 |
| Schedule BA--Part 2 | E08 | Schedule P--Part 3F--Section 2--Medical Professional Liability--Claims-Made | 63 |
| Schedule BA--Part 3 | E09 | Schedule P--Part 3G--Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 63 |
| Schedule BA--Verification Between Years | SI03 | Schedule P--Part 3H--Section 1--Other Liability--Occurrence | 63 |
| Schedule D--Part 1 | E10 | Schedule P--Part 3H--Section 2--Other Liability--Claims-Made | 63 |
| Schedule D--Part 1A--Section 1 | SI05 | Schedule P--Part 3I--Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft) | 64 |
| Schedule D--Part 1A--Section 2 | SI08 | Schedule P--Part 3J--Auto Physical Damage | 64 |
| Schedule D--Part 2--Section 1 | E11 | Schedule P--Part 3K--Fidelity/Surety | 64 |
| Schedule D--Part 2--Section 2 | E12 | Schedule P--Part 3L--Other (Including Credit, Accident and Health) | 64 |
| Schedule D--Part 3 | E13 | Schedule P--Part 3M--International | 64 |
| Schedule D--Part 4 | E14 | Schedule P--Part 3N--Reinsurance -- Nonproportional Assumed Property | 65 |
| Schedule D--Part 5 | E15 | Schedule P--Part 3O--Reinsurance -- Nonproportional Assumed Liability | 65 |
| Schedule D--Part 6--Section 1 | E16 | Schedule P--Part 3P--Reinsurance -- Nonproportional Assumed Financial Lines | 65 |
| Schedule D--Part 6--Section 2 | E16 | Schedule P--Part 3R--Section 1--Products Liability--Occurrence | 66 |
| Schedule D--Summary By Country | SI04 | Schedule P--Part 3R--Section 2--Products Liability--Claims-Made | 66 |
| Schedule D--Verification Between Years | SI03 | Schedule P--Part 3S--Financial Guaranty/Mortgage Guaranty | 66 |
| Schedule DA--Part 1 | E17 | Schedule P--Part 3T--Warranty | 66 |
| Schedule DA--Verification Between Years | SI10 | Schedule P--Part 4A--Homeowners/Farmowners | 67 |
| Schedule DB--Part A--Section 1 | E18 | Schedule P--Part 4B--Private Passenger Auto Liability/Medical | 67 |
| Schedule DB--Part A--Section 2 | E19 | Schedule P--Part 4C--Commercial Auto/Truck Liability/Medical | 67 |
| Schedule DB--Part A--Verification Between Years | SI11 | Schedule P--Part 4D--Workers' Compensation (Excluding Excess Workers Compensation) | 67 |
| Schedule DB--Part B--Section 1 | E20 | Schedule P--Part 4E--Commercial Multiple Peril | 67 |
| Schedule DB--Part B--Section 2 | E21 | Schedule P--Part 4F--Section 1--Medical Professional Liability--Occurrence | 68 |
| Schedule DB--Part B--Verification Between Years | SI11 | Schedule P--Part 4F--Section 2--Medical Professional Liability--Claims-Made | 68 |
| Schedule DB--Part C--Section 1 | SI12 | Schedule P--Part 4G--Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 68 |
| Schedule DB--Part C--Section 2 | SI13 | Schedule P--Part 4H--Section 1--Other Liability--Occurrence | 68 |
| Schedule DB--Part D--Section 1 | E22 | Schedule P--Part 4H--Section 2--Other Liability--Claims-Made | 68 |
| Schedule DB--Part D--Section 2 | E23 | Schedule P--Part 4I--Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) | 69 |
| Schedule DB--Verification | SI14 | Schedule P--Part 4J--Auto Physical Damage | 69 |
| Schedule DL--Part 1 | E24 | Schedule P--Part 4K--Fidelity/Surety | 69 |
| Schedule DL--Part 2 | E25 | Schedule P--Part 4L--Other (Including Credit, Accident and Health) | 69 |
| Schedule E--Part 1--Cash | E26 | Schedule P--Part 4M--International | 69 |
| Schedule E--Part 2--Cash Equivalents | E27 | Schedule P--Part 4N--Reinsurance -- Nonproportional Assumed Property | 70 |
| Schedule E--Part 3--Special Deposits | E28 | Schedule P--Part 4O--Reinsurance -- Nonproportional Assumed Liability | 70 |
| Schedule E--Verification Between Years | SI15 | Schedule P--Part 4P--Reinsurance -- Nonproportional Assumed Financial Lines | 70 |
| Schedule F--Part 1 | 20 | Schedule P--Part 4R--Section 1--Products Liability--Occurrence | 71 |
| Schedule F--Part 2 | 21 | Schedule P--Part 4R--Section 2--Products Liability--Claims-Made | 71 |
| Schedule F--Part 3 | 22 | Schedule P--Part 4S--Financial Guaranty/Mortgage Guaranty | 71 |
| Schedule F--Part 4 | 23 | Schedule P--Part 4T--Warranty | 71 |
| Schedule F--Part 5 | 24 | Schedule P--Part 5A--Homeowners/Farmowners | 72 |
| Schedule F--Part 6--Section 1 | 25 | Schedule P--Part 5B--Private Passenger Auto Liability/Medical | 73 |
| Schedule F--Part 6--Section 2 | 26 | Schedule P--Part 5C--Commercial Auto/Truck Liability/Medical | 74 |
| Schedule F--Part 7 | 27 | Schedule P--Part 5D--Workers' Compensation (Excluding Excess Workers Compensation) | 75 |
| Schedule F--Part 8 | 28 | Schedule P--Part 5E--Commercial Multiple Peril | 76 |
| Schedule F--Part 9 | 29 | Schedule P--Part 5F--Medical Professional Liability--Claims-Made | 78 |
| Schedule H--Accident and Health Exhibit--Part 1 | 30 | Schedule P--Part 5F--Medical Professional Liability--Occurrence | 77 |
| Schedule H--Part 2, Part 3 and Part 4 | 31 | Schedule P--Part 5H--Other Liability--Claims-Made | 80 |
| Schedule H--Part 5--Health Claims | 32 | Schedule P--Part 5H--Other Liability--Occurrence | 79 |
| Schedule P--Part 1--Summary | 33 | Schedule P--Part 5R--Products Liability--Claims-Made | 82 |
| Schedule P--Part 1A--Homeowners/Farmowners | 35 | Schedule P--Part 5R--Products Liability--Occurrence | 81 |
| Schedule P--Part 1B--Private Passenger Auto Liability/Medical | 36 | Schedule P--Part 5T--Warranty | 83 |
| Schedule P--Part 1C--Commercial Auto/Truck Liability/Medical | 37 | Schedule P--Part 6C--Commercial Auto/Truck Liability/Medical | 84 |
| Schedule P--Part 1D--Workers' Compensation (Excluding Excess Workers Compensation) | 38 | Schedule P--Part 6D--Workers' Compensation (Excluding Excess Workers Compensation) | 84 |
| Schedule P--Part 1E--Commercial Multiple Peril | 39 | Schedule P--Part 6E--Commercial Multiple Peril | 85 |
| Schedule P--Part 1F--Section 1--Medical Professional Liability--Occurrence | 40 | Schedule P--Part 6H--Other Liability--Claims-Made | 86 |
| Schedule P--Part 1F--Section 2--Medical Professional Liability--Claims-Made | 41 | Schedule P--Part 6H--Other Liability--Occurrence | 85 |
| Schedule P--Part 1G--Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery) | 42 | Schedule P--Part 6M--International | 86 |
| Schedule P--Part 1H--Section 1--Other Liability--Occurrence | 43 | Schedule P--Part 6N--Reinsurance -- Nonproportional Assumed Property | 87 |
| Schedule P--Part 1H--Section 2--Other Liability--Claims-Made | 44 | Schedule P--Part 6O--Reinsurance -- Nonproportional Assumed Liability | 87 |
| Schedule P--Part 1I--Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) | 45 | Schedule P--Part 6R--Products Liability--Claims-Made | 88 |
| Schedule P--Part 1J--Auto Physical Damage | 46 | Schedule P--Part 6R--Products Liability--Occurrence | 88 |
| Schedule P--Part 1K--Fidelity/Surety | 47 | Schedule P--Part 7A--Primary Loss Sensitive Contracts | 89 |
| Schedule P--Part 1L--Other (Including Credit, Accident and Health) | 48 | Schedule P--Part 7B--Reinsurance Loss Sensitive Contracts | 91 |
| Schedule P--Part 1M--International | 49 | Schedule P Interrogatories | 93 |
| Schedule P--Part 1N--Reinsurance -- Nonproportional Assumed Property | 50 | Schedule T--Exhibit of Premiums Written | 94 |
| Schedule P--Part 1O--Reinsurance -- Nonproportional Assumed Liability | 51 | Schedule T--Part 2--Interstate Compact | 95 |
| Schedule P--Part 1P--Reinsurance -- Nonproportional Assumed Financial Lines | 52 | Schedule Y--Information Concerning Activities of Insurer Members of a Holding Company Group | 96 |
| Schedule P--Part 1R--Section 1--Products Liability--Occurrence | 53 | Schedule Y--Detail of Insurance Holding Company System | 97 |
| Schedule P--Part 1R--Section 2--Products Liability--Claims--Made | 54 | Schedule Y--Part 2--Summary of Insurer's Transactions With Any Affiliates | 98 |
| Schedule P--Part 1S--Financial Guaranty/Mortgage Guaranty | 55 | Statement of Income | 4 |
| Schedule P--Part 1T--Warranty | 56 | Summary Investment Schedule | SI01 |
| Schedule P--Part 2, Part 3 and Part 4 - Summary | 34 | Supplemental Exhibits and Schedules Interrogatories | 99 |
| Schedule P--Part 2A--Homeowners/Farmowners | 57 | Underwriting and Investment Exhibit Part 1 | 6 |
| Schedule P--Part 2B--Private Passenger Auto Liability/Medical | 57 | Underwriting and Investment Exhibit Part 1A | 7 |
| Schedule P--Part 2C--Commercial Auto/Truck Liability/Medical | 57 | Underwriting and Investment Exhibit Part 1B | 8 |
| Schedule P--Part 2D--Workers' Compensation (Excluding Excess Workers Compensation) | 57 | Underwriting and Investment Exhibit Part 2 | 9 |
| Schedule P--Part 2E--Commercial Multiple Peril | 57 | Underwriting and Investment Exhibit Part 2A | 10 |
| Schedule P--Part 2F--Section 1--Medical Professional Liability--Occurrence | 58 | Underwriting and Investment Exhibit Part 3 | 11 |
| Schedule P--Part 2F--Section 2--Medical Professional Liability--Claims--Made | 58 | | |